

Aging, Reimagined: Precision Medicine Meets Policy

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VIEWPOINT TOPICS

- Health Care

America is aging into a policy collision. Medicare's hospital trust fund is on a shrinking runway, a shortage of caregivers for older adults is leaving families to fill critical gaps, and Alzheimer's is straining the entire system. Meanwhile, longevity science is outpacing the rules that pay for it: blood-based biomarkers, GLP-1 therapies, AI-enabled care, and the first federally funded trials of interventions that target aging itself are arriving together.

For providers, caregivers, trade groups and investors, the issue is no longer simply what will be invented, but what Washington will fund, how it will regulate innovation and who will be accountable for results. Here is where the Trump Administration and Congress stand, what it means for you and what to do next.

A System Under Pressure

Medicare's math. Medicare covered an estimated 69 million Americans in 2025, including 62 million age 65 and older. The [2026 Trustees Report](#) projects the Hospital Insurance Trust Fund will be insolvent in the second quarter of 2033, one quarter earlier than last year's projection. Policymakers want to bend the cost curve without cutting access, which keeps prevention and early detection at the center of the debate.

The caregiving gap. In 2025, 59 million Americans cared for an adult family member at home, up from 48 million in 2020, while the direct care workforce faces a growing labor shortage. In dementia alone, more than 12 million unpaid caregivers provided an estimated 19.6 billion hours of care. Family caregivers increasingly manage medications and other complex tasks with little training.

Dementia. An estimated 7.4 million Americans live with dementia in 2026, a figure projected to nearly double to 13.8 million by 2060. Health and long-term care costs for people 65 and older with Alzheimer's and related dementias are projected to reach \$409 billion this year.

The Administration's Bet

Paying for outcomes: the ACCESS Model. CMS's signature innovation for older adults is the [ACCESS model \(Advancing Chronic Care with Effective, Scalable Solutions\)](#). The voluntary 10-year model began July 5, 2026, and creates an outcome-aligned payment option in Original Medicare for technology-supported care of conditions such as high blood pressure, diabetes, chronic musculoskeletal pain, and depression. Fee-for-service has never paid well for continuous, data-driven care delivered through apps, connected devices, and remote monitoring. More than 160 organizations are participating in the Model, most new to Medicare, and private payers representing 165 million members have committed to align. That multi-payer signal matters for anyone building a business in precision, data-driven chronic care.

A voluntary digital health ecosystem. CMS and the White House have chosen voluntary alignment over regulation. More than 60 companies, including Amazon, Apple, Google, OpenAI and Anthropic, made initial pledges to a [CMS interoperability framework](#), and officials reported at the HIMSS Global Health Conference & Exhibition that more than 700 organizations have since joined. CMS plans a library of vetted apps on Medicare.gov and recently announced eight new pledge categories. Today's voluntary standards may become tomorrow's compliance floor.

Frontier research through Advanced Research Projects Agency for Health (ARPA-H). ARPA-H's [PROSPR program](#) commits up to \$144 million over five years to treat aging as a measurable biological process, including validating aging biomarkers regulators would accept and a phase 3 trial of existing drugs in healthy people in their 60s. Its [ADVOCATE program](#) aims to produce the first FDA-authorized agentic AI for cardiovascular care in roughly 39 months. The risk for investors and research institutions is funding: the FY 2027 budget request would cut NIH funding by \$5 billion, to \$41 billion, and ARPA-H

funding by \$555 million. Congress rejected deep NIH cuts for FY 2026 and is unlikely to adopt the FY 2027 request as written, but the outcome is not settled.

FDA and CMS alignment on devices. FDA's device center authorized 124 novel devices in 2025, including the [first blood test to aid in diagnosing Alzheimer's](#), and worked with CMS to launch the [TEMPO pilot](#) to expand access to certain digital health devices. FDA's January 2026 guidance also loosened oversight of some low-risk digital health products.

Drug pricing meets chronic disease. The administration's November 2025 agreements with drug manufacturers expanded Medicare coverage of GLP-1 drugs for obesity through a pilot, with a \$50 monthly copay for eligible beneficiaries. About 10 percent of Medicare enrollees became newly eligible. Real-world results for cardiovascular, kidney, and metabolic outcomes in older adults will be among the most closely watched data in the field.

A new national plan for dementia. On October 22, HHS released the [2026 Update to the National Plan to Address Alzheimer's Disease and Related Dementias](#), shifting federal strategy toward prevention and earlier detection. The plan replaces its six goals with four that track the course of the disease: risk reduction across the lifespan, discovery and innovation, high-value care, and services and supports for families. New actions include an FDA Alzheimer's Prevention Accelerator to modernize prevention-trial design and biomarker tools, up to \$48.8 million in new ARPA-H awards for earlier detection and intervention (bringing ARPA-H's Alzheimer's portfolio to as much as \$155.3 million), and a CMS plan to test lifestyle interventions that Original Medicare does not cover today. For anyone building in diagnostics or prevention, the plan is a roadmap.

Congress Steps In

Earlier diagnosis. The Alzheimer's Screening and Prevention (ASAP) Act ([H.R. 6130 / S. 3267](#)) would create a Medicare coverage pathway for FDA-approved blood biomarker screening tests. The House Ways and Means Committee advanced it unanimously on September 16, 2026; the introduced version would begin coverage January 1, 2028. Medicare can cover preventive services only if Congress authorizes them or the [U.S. Preventive Services Task Force](#) recommends them, so a cleared test remains largely unpaid for people without symptoms. The bill has more than 170 bipartisan House cosponsors and more than 45 in the Senate.

Guardrails for AI. The bipartisan [Aging with Artificial Intelligence Act of 2026 \(S. 4916\)](#), introduced in June by Senate Aging Committee Chairman Rick Scott with Sens. Mark Kelly and Roger Marshall, would direct the National Academies to study how older adults use AI tools such as chatbots and voice assistants, weighing benefits for independence and caregiving against risks including fraud, manipulation, and misleading health advice. AARP, American Medical Association, and National Council on Aging back it. Expect it to anchor the broader debate over safe AI in senior care.

The care workforce and family caregivers. Sen. Tim Kaine, joined by Sens. Gillibrand and Wyden, and other Democrats, introduced the [Supporting Our Direct Care Workforce and Family Caregivers Act \(S. 4889\)](#), which would fund state efforts to recruit, train, and retain direct care workers and to train family caregivers. Advocates are also pushing the bipartisan Alleviating Barriers for Caregivers (ABC) Act ([S. 1227 / H.R. 2491](#)) to reduce caregivers' administrative burden, and reauthorization of the [RAISE Family Caregivers Act](#).

Near-term stability. The [FY 2026 appropriations law](#), signed February 3, 2026, extended Medicare telehealth flexibilities and funded Area Agencies on Aging and Aging and Disability Resource Centers through 2027. That gives providers and developers a clearer planning horizon, though advocates say aging services funding still falls short.

Why It Matters to You

Providers. Precision medicine will change clinical workflow before it changes payment. Blood biomarkers will move diagnosis earlier, creating more patients in the gray zone between healthy and impaired who need counseling, monitoring and care planning. ACCESS shows CMS will pay technology-enabled entrants that are accountable for outcomes, so decide now whether to partner with, compete against, or join them.

Family caregivers. The promise is earlier answers, more support at home and fewer administrative hurdles: a diagnosis before a crisis, remote monitoring that catches decline sooner, and apps that consolidate records. The risk is that tools outpace training and safeguards. Caregivers have a strong voice in pending legislation and should press for training, respite, and plain-language data access.

Trade groups. The window to shape implementation is open. ACCESS, the interoperability pledges, and the ASAP Act will be defined by details: outcome measures, data standards, coverage criteria and

evidence thresholds. Associations that bring real-world data and consensus recommendations will carry outsized influence.

Investors. Value is moving from one-time products to continuous, outcomes-based care, but reimbursement remains the key constraint. Diagnostics need a coverage pathway, digital therapeutics need a payment model, and developers of longevity and aging interventions need regulators to accept validated biomarkers as endpoints. Federal research funding and the Trust Fund outlook also create policy risks that should be included in every diligence checklist.

Watch and Act

- **Back the ASAP Act.** Track House floor action and a year-end health package. Providers, diagnostics developers, and patient groups should engage committee staff now on the January 1, 2028, coverage start and the evidence standards for covered tests.
- **Decide your ACCESS position.** Monitor participation and early outcomes data. Providers and technology developers should evaluate whether to participate or partner, and ask payers how they plan to align.
- **Defend research funding.** Press appropriators to protect NIH and ARPA-H aging research in FY 2027. Research institutions and investors should stress-test pipelines against the proposed cuts.
- **Shape the rules for AI.** Follow the Aging with AI study, FDA's digital health guidance, and CMS's app library requirements. Prepare data and recommendations on safety, fraud and bias now, so you can contribute when the opportunity opens.
- **Build the GLP-1 evidence base.** Medicare's coverage pilot will generate real-world data. Start tracking outcomes in older adults and share findings with CMS and payers.

The Bottom Line

Aging policy is shifting from how to finance a bigger program to how to build a better one: earlier detection, more personalized treatment and payment tied to results. The administration is relying on voluntary alignment and pilots; Congress is working on coverage authority and guardrails. Organizations that engage now, with evidence in hand, will help write the rules that shape how Americans age for the next decade.

Authors



Traci L. Vitek, Senior Vice President

Traci L. Vitek, Senior Vice President at ML Strategies in Washington, DC, advises clients on federal health care policy, legislative strategy, and executive branch engagement.

Theresa Carnegie

Theresa C.
Carnegie is a Mintz
attorney who
advises health care
clients on a wide
array of
transactional,
regulatory,
compliance, fraud
and abuse matters,
and health law
issues. She
counsels health
plans, pharmacy
benefit managers,
pharmacies, device
manufacturers, and
distributors.